




Dementia Skills Training Needs in North Carolina

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Cognitive Areas Affected by Brain Disease

High Level

Creativity

Calculation

Judgment in social situations

Ability to concentrate on a task

Orientation to time and place

Bladder control

Memory of past events

Responding to name

Low Level

Chewing and swallowing



Definitions

Dementia – an acquired disorder involving:

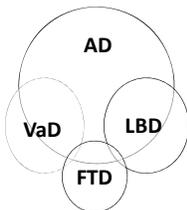
- Decline in at least two domains of mental function (i.e. memory loss and one other)
- Reduced function due to the cognitive decline
- Not due to delirium

Delirium – brain dysfunction that is reversible, usually due to medication or illness

Alzheimer's Disease – a slowly-progressing dementia involving decline in all areas of mental function, associated with amyloid plaques and neurofibrillary tangles in the cerebral cortex

Common Causes of Dementia

- Alzheimer's disease (AD) 60-70%
- Lewy Body Dementia (LBD) 15-25%
- Vascular dementia (VaD) 10-20%
- Frontotemporal dementia (FTD) 5%



For the rest of this talk I will use the term "dementia" where many may use the term "Alzheimer's"

What would your life be like if you developed dementia?

Do you enjoy?

drinking a.m. coffee
 eating dinner
 relaxing at home
 going for a walk
 attending a party
 reading a book

Do you enjoy?

- making a.m. coffee
- cooking dinner
- cleaning the house
- doing yard work
- hosting a party
- editing a manuscript

Which would you prefer to do?

<p><u>List A</u></p> <ul style="list-style-type: none"> drink a.m. coffee eat dinner relax at home go for a walk attend a party read a book 	<p><u>List B</u></p> <ul style="list-style-type: none"> make a.m. coffee cook dinner clean house do yard work host a party edit a manuscript
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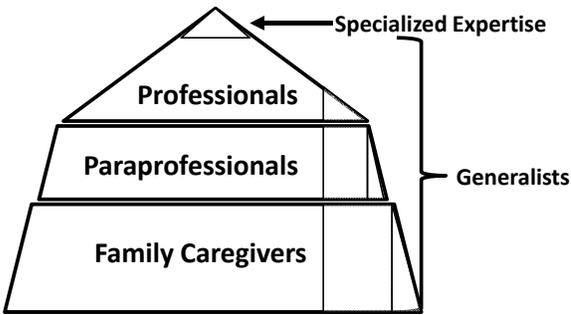


Keys to Quality of Life for Persons with Dementia

1. Just because someone has dementia doesn't mean they can't have a good quality of life.
2. Enhancing quality of life means meeting the individual's needs and preferences.

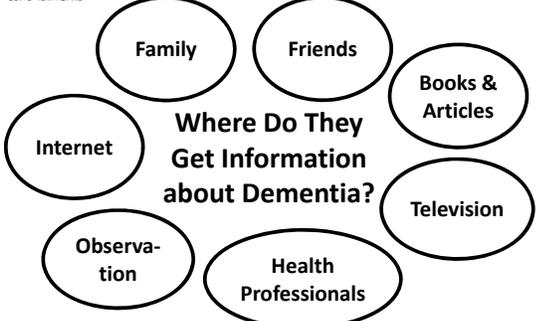


Who Provides Care for Persons with Dementia?




Family Caregivers

Where Do They Get Information about Dementia?

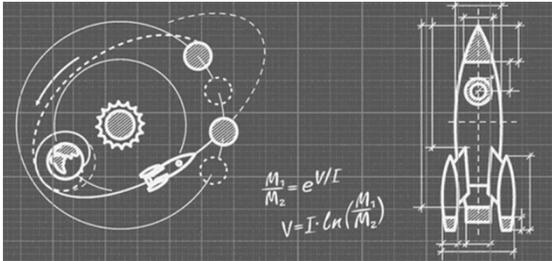
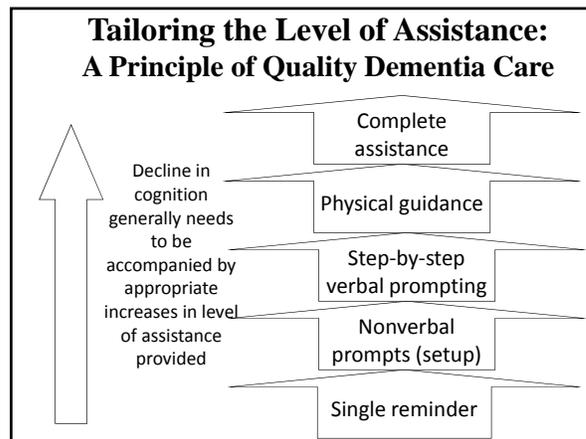



Paraprofessionals: How Much Training?

- Certified Nursing Assistant
- Home Health Aide
- Dementia-Specific
- Minimum 75 hours (plus 16 hr supervised experience)
- Minimum 75 hours (plus 16 hr supervised experience)
- No specific requirement; usually <5 hours



Is Dementia Care Rocket Science? Isn't a Couple of Hours Enough?


Shower Struggle Video Clip

- Illustrates two care providers challenged to get a job done with a challenging person with dementia, without tools to individualize and personalize the care.
- Result is dangerous and unsatisfactory for both the care providers and the care recipient.



Towel Bath Video Clip

- Same caregivers, same person with dementia.
- Outcome is very different.
- Illustrates one of many, many individual care strategies for just one activity of daily living.
- Caregivers need training, tools, and empowerment to grow and individualize.
- Towel bath is an evidence-based intervention – see next two slides.



Effect of Towel Bath on Agitation

Outcome	P value for change from baseline
% time agitation/aggression	<0.001
Aggression (rate/min)	<0.001
% time yell/cry/moan	0.001
Complaints/threats (rate/min)	0.010
Discomfort	<0.001



Effect of Towel Bath on Cleanliness

Outcome	p value for difference from baseline
Total # body parts washed	ns
Skin problem index	0.003 (better)
Mean debris score	<0.001 (better)
p value for difference – shower vs towel bath	
Bacterial pathogen score (inguinal)	ns
Corynebacteria (axilla)	ns
Candida (inguinal)	ns



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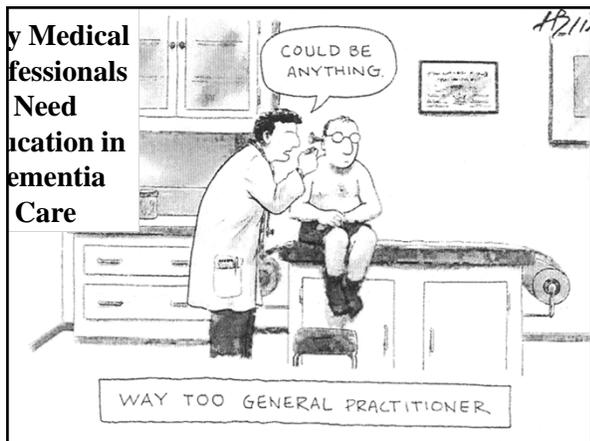
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Why Don't Generalist Doctors Know More About Managing Dementia?

Number of persons with AD in US	5,200,000
Average number of years alive after AD diagnosis	9
Number of new diagnoses per year	577,778
Number of new diagnoses per year made by PCPs	75% = 433,333/yr
Number of Primary Care Physicians (Family physicians, general practitioners, and general internists) in US	170,000
Average # of new diagnoses made per year by primary care MDs	2.7

Brown CJ, Mutran EJ, Sloane PD, et al. Primary care physicians' knowledge and behavior related to Alzheimer's disease. *Journal of Applied Gerontology* 17:462-479, 1998.

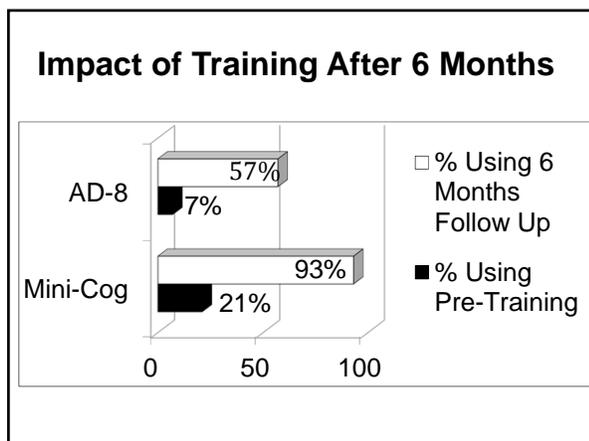


Carolina Alzheimer's Network: Strategies for Training PCPs

- Train physicians near where they practice
- Focus on practical screening, diagnosis, and management
- Teach management in the context of community resources
 - Involve resource providers in training
 - Focus on one-stop referral
- Provide practical, easily accessible reference information

Sample Pocket Card – combines billing with community resource data

<p>DEMENTIA DIAGNOSTIC CODES</p> <p>331 Alzheimer's Disease 331.19 Frontotemporal Dementia 331.2 Organic Brain Syndrome (Senile degeneration of the brain) 331.3 Communicating hydrocephalus 331.82 Dementia with Lewy Bodies/Dementia with Parkinsonism 331.83 Mild Cognitive Impairment 332 Parkinson's Disease 348.1 Anoxic brain damage 348.3 Encephalopathy, unspecified 434.01 Ischemic Stroke 434.01 Embolic Stroke 437 Cerebral atherosclerosis 719.7 Difficulty walking 780.93 Memory loss of unknown cause 780.97 Mental Status, altered 784.5 Dysphagia/dysarthria 784.69 Agnosia, apraxia, acalculia, agnosia 311 Depression</p> <p>1. Use any of the above ICD-9 Codes as Primary Codes. Symptom Codes may be used as well. 2. Code 780.93 Memory Loss: you identified the patient as having memory problems but have not completed an evaluation of the cause. This code can</p>	<p>YOUR COMMUNITY RESOURCES</p> <p>1. Mid-East Commission Area Agency on Aging, Caregiver Resource Specialist Sallie Williamson Phone (252) 974-1837 Address: 1385 John Small Avenue Washington, NC 27889. - Caregiver support and education - Respite care - In-home help or medical equipment - Guidance regarding nursing home placement</p> <p>2. Alzheimer's Association, Eastern NC Chapter, Family Services Director Dee Dee Harris, Helpline: 800-228-8738 Address: 400 Oberlin Road, Suite 220/ Raleigh, NC 27605 - Caregiver support and education - Relief for caregiver stress - Support groups - Behavioral issues - Safe Return Program</p> <p>3. COMMON CAREGIVER CONCERNS: - Driving safety: prescribe a driving evaluation or you or family can write a letter to DMV.</p>
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Concluding Thoughts About Dementia Care Training Needs in North Carolina

1. Identify and fund an organization to coordinate dementia training statewide:
 - Training professionals,
 - Training trainers of professionals and paraprofessionals
 - Providing materials to assist training
2. Have a separate entity charged with training and serving as a resource for family caregivers
3. Involve people who are experts with a track record of training